

UNITED STATES DISTRICT COURT

for the

Eastern District of Tennessee

Kolby Duckett, David Schilling and David Holloway

Plaintiff

v.

Chief Brian Hickman, Ted Rogers and the City of
Collegedale*Defendant*

Civil Action No. 1:19-CV-00295

SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS
OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION

To:

Debbie Baker
5309 High Street, Ooltewah, TN 37363*(Name of person to whom this subpoena is directed)*

☒ **Production:** **YOU ARE COMMANDED** to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material: Any and all documents related to the above-referenced matter, including any text, written or email communications with Kolby Duckett, David Schilling and/or David Holloway between January 1, 2018 to the present referencing their employment with the City of Collegedale, the conditions or circumstances of their employment with the City of Collegedale, their complaints or concerns about their employment with the City of Collegedale or the termination of their employment with the City of Collegedale.

Place: Watson, Roach, Batson & Lauderback, 1500 Riverview
Tower, 900 South Gay Street, Knoxville, TN 37901

Date and Time:

06/29/2020 10:00 am

☐ **Inspection of Premises:** **YOU ARE COMMANDED** to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:

Date and Time:

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date: 05/28/2020

CLERK OF COURT

OR

Signature of Clerk or Deputy Clerk

/s/Brian R. Bibb, BPR No. 031024

*Attorney's signature*The name, address, e-mail address, and telephone number of the attorney representing *(name of party)*

Chief Brian Hickman, who issues or requests this subpoena, are:

Brian R. Bibb, P.O. Box 131, Knoxville, TN 37901, bbibb@watsonroach.com, (865) 637-1700.

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

Civil Action No. 1:19-CV-00295

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 45.)

I received this subpoena for *(name of individual and title, if any)* _____
on *(date)* _____.

☒ I served the subpoena by delivering a copy to the named person as follows: Via Certified Mail Return
Receipt

_____ on *(date)* 06/01/2020 ; or

☐ I returned the subpoena unexecuted because: _____
_____.

Unless the subpoena was issued on behalf of the United States, or one of its officers or agents, I have also
tendered to the witness the fees for one day's attendance, and the mileage allowed by law, in the amount of
\$ _____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: June 3, 2020

/s/Brian R. Bibb, BPR No. 031024

Server's signature

Brian R. Bibb, Attorney

Printed name and title

Watson, Roach, Batson & Lauderback
1500 Riverview Tower, 900 South Gay Street
Knoxville, TN 37901

Server's address

Additional information regarding attempted service, etc.:

7016 2070 0000 8595 3751

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To <u>Debbie Baker</u>	
Street and Apt. No., or PO Box No. <u>5309 High St.</u>	
City, State, ZIP+4® <u>Ooltewah, TN 37363</u>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Debbie Baker
5309 High Street
Ooltewah, TN 37363



9590 9402 4962 9063 7012 72

2. Article Number (Transfer from service label)
7016 2070 0000 8595 3751

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |



WATSON ROACH
ATTORNEYS AT LAW


WATSON, ROACH, BATSON & LAUDERBACK, P.L.C.
1500 RIVERVIEW TOWER / 900 SOUTH GAY STREET
POST OFFICE BOX 131 / KNOXVILLE, TENNESSEE 37901-0131

CERTIFIED MAIL



7016 2070 0000 8595 3751



UNITED STATES POSTAGE

PITNEY BOWES
02 1P \$ 007.05⁰
0002723548 MAY 28 2020
MAILED FROM ZIP CODE 37902

Debbie Baker
5309 High Street
Ooltewah, TN 37363

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Debbie Baker
5309 High Street
Ooltewah, TN 37363


9590 9402 4962 9063 7012 72

2. Article Number (Transfer from service label)

7016 2070 0000 8595 3751

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Debbie Baker

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Rebecca Haas

C. Date of Delivery

6-7

D. Is delivery address different from item 1?

☐ Yes
☒ No

If YES, enter delivery address below:

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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USPS TRACKING #



9590 9402 4962 9063 7012 72



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

WATSON, ROACH, BATSON & LAUDERBACK, P.L.C.
P. O. Box 131
Knoxville, Tennessee 37901-0131

Attn: Brian Bibb

